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|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER 09/398,182 | FILING DATE 09/17/99 | CLASS 705 | GROUP ART UNIT 2761 | ATTORNEY DOCKET NO. D-1118R2 |
|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|

APPLICANT ALAN J ROZLOSNIK, LOUISVILLE, OH; STEVEN R DAVIS, NORTH LAWRENCE, OH;
MARK A DEPIETRO, CANTON, OH.

CONTINUING DOMESTIC DATA***^{NONE}
VERIFIED

AN

371 (NAT'L STAGE) DATA***^{NONE}
VERIFIED

AN

FOREIGN APPLICATIONS***^{NONE}
VERIFIED

AN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/07/99

| | | | | | |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY OH | SHEETS DRAWING 34 | TOTAL CLAIMS 16 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged Examiner's Initials _____ Initials _____ | | | | | |

ADDRESS RALPH E JOCKE
231 SOUTH BROADWAY
MEDINA OH 44256

TITLE RECEIPT DELIVERY SYSTEM FOR SECURE DEPOSITORY

| | | |
|-------------------------------------|---|---|
| FILING FEE RECEIVED \$760 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-------------------------------------|---|---|



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9748

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 09/398,182 | FILING DATE 09/17/1999 RULE | CLASS 235 | GROUP ART UNIT 2876 | ATTORNEY DOCKET NO. D-1118R2 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

ALAN J ROZLOSNIK, LOUISVILLE, OH;

STEVEN R DAVIS, NORTH LAWRENCE, OH;
MARK A DEPIETRO, CANTON, OH;

** CONTINUING DATA ***** *YES AT*
This appln claims benefit of 60/114,036 12/29/1998

** FOREIGN APPLICATIONS ***** *NO AT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 10/07/1999

| | | | | | |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY OH | SHEETS DRAWING 34 | TOTAL CLAIMS 16 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged | Examiner's Signature <i>AT</i> Initials <i>AT</i> | | | | |

ADDRESS

28995
RALPH E. JOCKE
231 SOUTH BROADWAY
MEDINA, OH
44256

TITLE

RECEIPT DELIVERY SYSTEM FOR SECURE DEPOSITORY

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 760 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|